



**BOARD OF TRUSTEES APPLICATION FORM**  
HAWKINS COUNTY LIBRARY SYSTEM  
CHURCH HILL SURGOINSVILLE ROGERSVILLE

Thank you for your interest in joining the Hawkin County Library System Board. Use this form to provide useful information about yourself, to ensure the best match between you and the Library System for its Board of Trustees. Please submit a copy of your resume along with 2-3 personal references with your application.

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

Branch Affiliation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Briefly describe why you would like to join our Board of Trustees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current organizational affiliations (names of the organization and your role(s)):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Approved 3/4/2024

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board Development   | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Strategic Planning  | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Staffing/HR         | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Volunteer Management  |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Community Networking | <input type="checkbox"/> Facilities Management |
|  | <input type="checkbox"/> Other                |  |

Other – Please explain: \_\_\_\_\_

What aspect of our library service are your most passionate about? \_\_\_\_\_

\_\_\_\_\_

Please list any previous experience with Boards whether volunteered or appointed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you wish to achieve through your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate, etc.?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applications will be reviewed by the current Nominating Committee and one recommendation per vacancy will be made for appointment upon approval of the Board of Trustees.

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance. Board and Committee meetings and any online or in-person Trustee workshops and training courses. You also agree that you do not have any conflict-of-interest in participating on the board.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Applications will be accepted until all positions have been filled.

\*\*Applications will remain on file for three years from application date.

Approved 3/4/2024